

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-003416
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 8 1963

1003

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis City*

Length of stay in lb

32 days

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION *St. Luke's Hosp.*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

ST. LOUIS

c. CITY OR TOWN

Ellisville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

784 St. Jean

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Elva M. Durbin

4. DATE OF DEATH

Month

Day

Year

Jan. 30, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married

☐ Widowed

☐ Divorced

8. DATE OF BIRTH

Nov 29, 1921

9. AGE (last birthday)

41

10. IF UNDER 1 YEAR

Months *3* Days *7*

11. IF UNDER 24 HR

Hours *2* Min. *1*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Elva M. Durbin

13b. MOTHER'S MAIDEN NAME

Kella R. Durbin

14. NAME OF HUSBAND OR WIFE

Geo. Durbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Geo. W. Durbin

Address: *784 St. Jean*

Ellisville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Leukemic Reticuloendotheliosis

INTERVAL BETWEEN ONSET AND DEATH

3 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *12/28/62* to *1/30/63* and last saw her alive on *1/29/63*
Death occurred at *7:45 am* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. R. Robinson M.D.

22b. ADDRESS

114 No. Taylor St. St. Louis, Mo.

22c. DATE SIGNED

1/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

2-2-1963

23c. NAME OF CEMETERY OR CREMATORY

Pinckney Cemetery

23d. LOCATION (City, town, or county)

Cuba, Mo.

(State)

24. GENERAL DIRECTOR

Address: *Pinckney, Cuba, Mo.*

25. DATE RECD. BY LOCAL REG.

1-30-1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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240223

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.